

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038822
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 127

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED OCT 18 1963

1. PLACE OF DEATH a. COUNTY BARRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY BARRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) MOENTT		c. CITY OR TOWN CASSVILLE	
Length of stay in 1b 11 days		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST VINCENTS'		d. STREET ADDRESS (If outside, give location) FLATT CREEK TWP.	
3. NAME OF DECEASED (Type or print) First CLARENCE Middle MATTHEW Last FITZWILLIAM		4. DATE OF DEATH Month Oct. Day 14 Year 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/3/90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster		10b. KIND OF BUSINESS OR INDUSTRY Postoffice	
13a. FATHER'S NAME Mathew Fitzwilliam		13b. MOTHER'S MAIDEN NAME Alice Maxwell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address Florence Fitzwilliam, Cassville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis, extensive DUE TO (b) ASHD DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
21. I attended the deceased from 6-58 to 10-63 and last saw her/him alive on 10-14-63 Death occurred at 2:30 a. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Charles H. Price M.D. (Degree or title)		22b. ADDRESS Cassville, Missouri	22c. DATE SIGNED 10/15/63
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 10/16/63	23c. NAME OF CEMETERY OR CREMATORY Old Mission Cemetery	23d. LOCATION (City, town, or county) (State) Wichita, Kans
24. FUNERAL DIRECTOR ADDRESS D.E. Williamson, Cassville, Mo.		25. DATE RECD. BY LOCAL REG. 10-16-63	26. REGISTRAR'S SIGNATURE Mrs. P. N. Cook

USE BLACK INK

OR

TYPEWRITER RIBBON

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- 0202

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If this body is not embalmed, fact should be so stated above: